

31 January 2024

Please find the following General Practice Registrars Australia (GPRA) 2024 Federal Budget Submission.

This funding submission requests funding to grow the general practice workforce pipeline, as well as to establish an independent GP Training Leave Support Fund.

Total funding request is **\$46 million plus GST** over 10 years, with a total of **\$4 million plus GST** requested for the 2024–2025 financial year.

This proposal outlines:

- Executive Summary
- Who is GPRA?
- Challenges facing General Practice
- **Initiative 1 – Future GP Peer and Funding Request**
- **Initiative 2 – GP Training Leave Support Fund Funding Request**
- Conclusion
- Appendix.

GPRA was notified of the opportunity to submit a Federal Budget Submission by the Department of Health and Aged Care (DoHAC) in late 2023.

If you require any further information, please do not hesitate to contact me (president@gpra.org.au) or GPRA Chief Executive Officer Ms Jo-anne Chapman at ceo@gpra.org.au or on mobile 0447 039 716.

I look forward to your response.



Dr Karyn Matterson
President, GPRA

Executive Summary – Submission request

General Practice Registrars Australia (GPRA) is the independent peak body and voice for future GPs.

Our work spans the future workforce pipeline – from coordinating 20 Medical School University Clubs nationally to promoting the GP Speciality to pre-vocational doctors, setting the employment conditions for GP registrars and providing post Fellowship support to New Fellows, GPRA understands the future GP pipeline. We are grateful for the ideas our members put forward to help grow and sustain general practice for the benefit of all communities in Australia.

GPRA's Growing General Practice Submission (2024–2036) proposes investment options for the Federal Government to consider across the future GP workforce pipeline which will result in both growth and sustainability of the general practice workforce, and increased access to primary care for all Australians.

This Submission seeks to address two areas: 1) Promoting positive connection of medical students with the GP profession from their early years of medical training to 2) addressing, **once and for all**, the lack of access to parental, study and exam leave GP registrars experience when they enter community-based general practice speciality training.

This Submission is based on research, our members' input, and publicly available GP sector reputable data.

In addition, for the purposes of this Submission, GPRA commissioned independent actuaries to help us propose **a new streamlined way forward to address one of the most critical barriers to doctors entering GP training** – lack of access to parental, study and exam leave to help attract and keep GP trainees working in communities.

GPRA's Submission calls on policy makers to support GPRA to establish a National Independent Fund which will afford registrars an opportunity to directly apply for parental, study and exam leave support – regardless of their pathway and/or location in Australia.

Our proposed Fund will afford both Government and private donors an opportunity to contribute to a self growing Fund, which will be administered in line with the Australian Charities and Not-for-Profits Commission (ACNC) requirements. Overtime, the Fund could review and increase the amount of financial support it offers.

It would also afford GP registrars the opportunity to directly apply to a Fund for leave support which echoes recent calls in a Senate Committee by the Australian Chamber for Commerce and Industry and small business advocates **to make parental leave payments directly to workers, to cut out the middleman, and end costly administration and delays for operators.**

While GPRA is requesting funding in this Submission to set up and establish an independent Fund over the first two years, we would not be the final administrator of the Fund nor derive any profits from the Fund going forward.

Helping to set up the **GP Training Leave Support Fund** would be our legacy to our members and the GP profession.

In this Submission, GPRA is asking for Government funding contributions for:

1. GPRA to strengthen our peer to peer activities (**Future GP Peer Initiative 2024-2026**)
2. GPRA to establish a national independent Fund for GP registrars (all pathways) to access parental, study and exam leave during their GP Speciality Training (**GP Training Leave Support Fund 2024–2036**).

This Submission puts forward initiatives which bring sector stakeholders together to help turn around the barriers to attracting doctors to the GP speciality. Our members’ feedback has been clear to us:

1. Work on connecting medical students early to GPs and quality GP practices in their careers to change attitudes and inspire future GPs
2. Support peer to peer activities to promote and uplift the GP profession, including uplifting the marketing of general practice to future GPs, and
3. Establish an independent Fund – **one that transcends jurisdictional boundaries, laws, and future reliance on Medicare or 100 per cent Government funding**, as well as providing GP registrars with **direct access to parental and study/exam leave support during their GP training years**.

The following table summarises the funding request of our Submission:

Table 1 – Funding Request

Initiative 1	Future GP Peer Initiative (2024–2026)	\$2million + GST
	GP Training Leave Support Fund	
	2024–2025 GPRA establishment of Fund design, governance and operational team/set up funding only	\$2million + GST
Initiative 2	2025–2026 Government inaugural contribution to independent Fund	\$15 million plus GST for 25/26
	2025–2036 Requested ongoing Government contribution for next 9 years	\$3million per year from 26/27 x 9 years
Total Investment Budget request for initiatives 1 and 2 (2024–2036)		\$46million + GST

Who is GPRA?

Established in 1974 and existing as an autonomous organisation since 2001, General Practice Registrars Australia (GPRA) is the independent voice of future GPs.

GPRA is the peak organisation representing the **future GP workforce**, and has approximately 20,000 members who are medical students, pre-vocational doctors, GP registrars, and newly-fellowed GPs.

GPRA administers Australia's largest medical student network in Australia – the General Practice Students Network (GPSN) – as well as the Future General Practice Network (FGP), which promotes the GP Specialty to junior doctors completing their hospital training.

We are also proud to be the only national independent organisation advocating for GP registrars, informed by registrar advisory groups and new fellows.

We provide the next generation of general practitioners with support, advice and resources. We represent and advocate for our members via various medical and health sector advisory groups and committees to ensure government and sector policy makers and funders are informed by our members' voices.

We support our members by:

- negotiating the National Terms and Conditions for the Employment of Registrars (NTCER) for GP registrars under the Australian General Practice Training Program (AGPT) funded by the Federal Department of Health and Aged Care
- advocating on educational, employment and policy issues in general practice
- providing advice on employment negotiations and training issues
- delivering events, including networking, educational, wellbeing and professional development
- assisting with exam preparation and education support, and
- providing special member-only services and discounts with partner organisations such as medical equipment suppliers.

Because we set the national employment conditions for GPs in training in particular, we are interested in responding to our members' employment issues.

This proposal is based on evidence and feedback from our members.

Challenges facing General Practice

General practice in Australia is currently facing multiple crises, which has been widely covered in national media.

At the front end of the GP workforce pipeline, figures from the Medical Deans of Australia and New Zealand tell us that less than 15 percent of medical graduates are choosing general practice as their preferred career. **Members from GPRA's 20 GP university clubs tell us that less and less of their peers identify general practice as their future specialty.**

Further, GPRA's **prevocational members tell us that general practice is seen as undervalued and underfunded**, and therefore, increasingly, many doctors during their hospital training years are choosing to train in other specialties.

Our analysis shows that on average, **GP registrars take a 12 percent pay cut and do not get access to parental, study and exam leave** when they finish their in-hospital training and begin their GP Speciality training in the community.

Whilst there are current trials underway to test a state-based employment model for GP trainees, these models, by design, will rely on two levels of Government and practice administration, and will not be at scale for some time.

Administration burden to operators of such schemes is an ongoing concern amongst small business advocates and bodies such as the *Australian Chamber for Commerce and Industry*, as recently highlighted in a Senate Committee Inquiry into parental leave access, superannuation and workforce participation.

Initiative 1 – Future GP Peer Initiative

Growing interest in general practice during the early years of training



There has been much research and public commentary in recent years regarding how best to provide support and solutions for the general practice (GP) workforce, to address the declining number of doctors taking specialty training in General Practice.

Only approximately 15 percent of medical students indicate general practice as their future specialty.¹

The shortage of GPs continues to be a major concern for Australians unable to access basic healthcare. A 2022 Australian Medical Association (AMA) report projected that based on increasing demands for healthcare through a growing and ageing population, coupled with a reduction in average working hours per GP, Australia is facing a deficit of between 3,100–10,600

¹ Medical Students Outcome Survey Results 2021 – Medical Deans of Australia and New Zealand website

full-time equivalent (FTE) GPs by 2030. However, solving the specialist GP workforce shortage needs to be addressed across the intake pipeline.

This begins with attracting and providing positive general practice exposure for more medical graduates and hospital-based doctors, so general practice is experienced as a viable and rewarding career path from the outset of a medical student's undergraduate studies.

Influencing the pipeline

Feedback from our medical student and junior doctor members include:

- Early career experiences are highly influential in a future doctor's career decisions
- Decisions are influenced by the medical professionals that students and junior doctors encounter – university staff, supervisors, professional mentors and peers who are a few years ahead in their training
- Positive professional experiences help students and junior doctors to explore options and develop preferences
- Quality exposure increases the likelihood of a future doctor choosing general practice training.

For junior doctors progressing through their training, additional factors come into play that sway their choices, such as.

- base rate pay and access to parental leave, study and exam leave
- work life balance
- upskilling opportunities
- working environment and culture.

In 2023, GPSN surveyed medical students across 21 University 'O Weeks'. The top three results highlighted that medical students want:

1. **Additional exposure to GPs including more GP quality placements** – particularly earlier in their pre-clinical years
2. **Improvement of the general practice placement experience** – ensuring that medical schools place students with GPs who are active and engaged teachers
3. **Positive promotion of General Practice and connection with the general practice community** – to address negative peer perceptions of the GP Speciality and to develop near-peer connections across the GP workforce pipeline.

These results highlight the importance of medical students being connected with quality GP peers and general practices from their undergraduate medical school years, continuing into their hospital-based training years, so their exposure to the general practice speciality is positive from the outset of their medical careers.

GPRA is well placed to develop and deliver peer-to-peer initiatives with key sector stakeholders such as medical schools, given our GP Club presence across 20 medical schools, and our working relationships with other organisations such as Medical Deans Australia and New Zealand (MDANZ) and General Practice Supervision Australia (GPSA).

While not all future doctors will want to be a GP, GPRA has an opportunity to develop a new medical student and prevocational doctor initiative which seeks to attract more future doctors to general practice by providing future doctors with positive GP exposure and networks while they move through the medical education pipeline.

Funding Request – Future GP Peer initiative

GPRA seeks funding for '**Future GP Peer**' initiatives to promote general practice to medical students and junior doctors. The objectives of this proposed initiative will be to:

- attract future medical workforce for the GP Speciality
- provide opportunities for learning/skills development, connection, and peer support across the medical workforce pipeline
- build solid foundations for GP training
- uphold a positive GP pipeline development culture
- promote general practice to peers – medical students, junior doctors, registrars, and GP Fellows.

This initiative aims to provide:

- early exposure to GPs/general practice in medical school in both rural and urban settings
- values match between future GP/student with GP practices
- positive peer and learning exchange between experienced GPs with emerging GP workforce
- instilling ethos of collegiality at the early stages of GP specialisation
- greater connection with community practices throughout pipeline to increase conversion to general practice after hospital training, and
- promotion of a professional development culture for the GP specialty.

The proposed 'Future GP Peer' initiative is not about offering or replacing formal education or training. Instead, it is offering extra support to the future workforce to consider general practice/primary care as an inspiring career option by using a peer-to-peer framework to help future doctors apply and train under formal GP training pathways.

The '**Future GP Peer**' initiative consists of two key elements:

1. **Peer Hubs** – Establishment and coordination of up to four peer hubs (mix of rural, outer metro and urban), which may over time become platforms for Centres for General Practice Excellence
2. **Podcast** – The production of a new peer led Future GP podcast to bolster GP sector promotion to the next generation of future GPs.

Future GP Peer Governance

GPRRA proposes to establish a Steering Group consisting of key representatives to plan and implement up to four peer hubs across Australia initially. The idea is to develop a chain of 1:1 peerships engaging GPSN club members/medical students, junior doctors, and registrars with new Fellows and GP practices/services.

Each year, our GPSN Clubs attract new members, graduating members become our junior doctor members, and so forth, as our members move along our membership pipeline and ultimately take up the mantle themselves to offer quality training placements to the next generation of GPs.

Hubs will have a sense of momentum of attracting new participants and retaining others. The proposed peer hubs will gather in local areas at least once a year for informal social dinners/catch-ups and skill exchanges between all future and established GP cohorts.

The frequency, location, and specific activities (some may be online in between face-to-face) in each jurisdiction will be determined via input from both local participants, sector stakeholders, and the Steering Group.

Planning for the hubs and their activities will be overseen by the GPRRA Future GP Peer Steering Group, consisting of representatives from both GP Colleges, Medical Deans Australia and New Zealand, GPSA, and GPSN and Australian Medical Students' Association (AMSA) (*confirmation by stakeholders to participate in GPRRA's Future GP Peer Steering Group was confirmed in late 2023*). Over time, these hubs could become platforms for future jurisdictional-based centres for General Practice excellence.

Podcast

Podcasts are the 'go to' for many people to seek information about topics they are interested in. The ability to reach medical students and junior doctors via contemporary promotional media is critical. Our members often ask for a podcast to be produced as they can listen to content while studying, working, or in their down time at university or in transit.

Australian medical students, junior doctors and GPs in training will form the primary target audience for a proposed new podcast series. The podcast would help raise awareness of what their careers could look like after medical school, the opportunities general practice offers, medical education, skills, and interesting patient primary care stories and initiatives covering metro, rural and regional areas.

Engaging with this group of future healthcare professionals provides an important opportunity to spotlight issues emerging within the field, as well as answer their questions and concerns.

Secondary target audiences who may also be interested in the podcast material include students looking to apply for medicine, medical students in the pre-clinical phase of their program or outside of Australia, junior doctors looking to explore general practice, and interested members of the general public. The podcast would complement the existing marketing material produced by GPSN. GPRRA would work with GP practices, GPSN, AMSA and our junior doctor members to coordinate the production and editorial content for this podcast.

(Note: AMSA has confirmed in-principle support for the proposed GPSN podcast, with a commitment by both student network entities to work together under a proposed Memorandum of Understanding and some joint planning sessions in 2024. Letters of support were provided in late 2023 to GPRRA from AMSA and GPSA).

GPRA Future GP Peer Initiative Funding Request 2024–2026

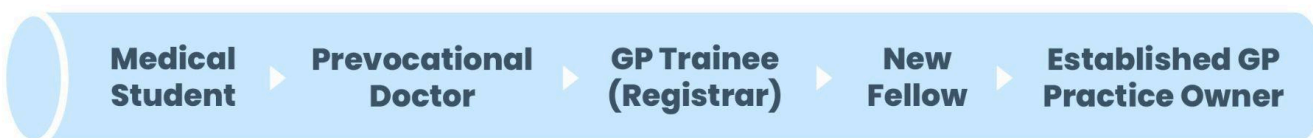
Table 2

Activity	Funding Timeframe	Funding Request 2024-2026
Set up and implementation of both Peer to Peer GP Hubs and Podcast initiatives	2024–2026	\$2 million plus GST (includes administration fee)

The following section of the Submission now moves the reader up the GP workforce pipeline to focus on addressing one of the **key barriers to doctors applying for GP training – lack of access to parental, study and exam leave during GP training years in the community**. Initiative 2 proposes a new approach which the Government should consider contributing to.

Initiative 2 – GP Training Leave Support Fund

FUTURE GP PIPELINE



A profession which recognises work-family balance and remunerates their trainees appropriately to study will attract more doctors.

The stark impact of this on the GP registrar pipeline can be illustrated by some of the results from GPRA’s 2022 NTCER benchmarking survey where our members advised:

- Four out of 10 registrars have made a change to another speciality training career or family planning due to the lack of parental leave
- Only 54 per cent of registrars are satisfied with their access to leave
- Other than **base pay, access to study leave** and parental leave are the two highest priorities for registrars in employment reform.

GP registrars do not have consistent access to portable benefits such as paid parental and sick leave, accrued annual leave or long service leave, and if they do, this is usually partly or wholly unpaid. This is largely due to the way GP training requires GP registrars to rotate between locations and practices throughout their GP training time.

GP training includes several six-month placements, which each often represent a separate period of employment. Trainees will generally not be able to access maternity (or paternity) leave during this period. Statutory maternity benefits are generally not available due to the short term of employment, and employer funding is unlikely as most GP practices are small businesses.

Timing is a real factor in the importance of leave benefits such as parental leave.

While many professions see graduates well ensconced in their careers by their mid-20s, medical practitioners' study and training requirements will only see their careers really establish when they are in their late 20s/early 30s. For some, this may also be a time when they wish to start a family, and/or already have made significant financial decisions such as purchased their first home.

Accessing the benefits of parental, study and exam leave over the long period of placement and training is available to those who choose other specialties (for example, hospital-based training).

However for GPs, the complexity of designing one portable solution in a federated nation, is a limitation for the profession (as GP registrars train across different States and employers during the training years) and **a big factor in the frustration amongst GP registrars.**

The urgency to address the pressures felt across the General Practice workforce impacts on the health outcomes of Australians.

Whilst there are current trials underway to test a state-based employment model for GP trainees, these models, by design at this early stage, rely on two levels of Government, additional practice administration and will not be at scale for some time.

Further, not all GP registrars want to remain employed by a hospital, when training in a community placement, nor do all GP Practices want their team members employed under another entity's employment contract, as this can bring additional administration work and cost, as well as practical day to day employee management challenges.

GPRA members have clearly articulated their desire for nationwide portable leave benefits, saying this will continue to be a barrier to attracting new practitioners if not resolved.

The proposed ***GP Training Leave Support Fund*** does not impact on any current pilots being tested, as it is independent.

Establishment of the GP Training Leave Support Fund

PROPOSED: GP TRAINING LEAVE SUPPORT FUND

2024-25

Establishment/setup phase, led by GPRA



2025-ONWARDS

GP TRAINING LEAVE SUPPORT FUND

- ▶ **Independent Board / Committee**
Set rules, manage growth.
- ▶ **Small operational team**
Admin, finance, marketing, IT support
- ▶ **Online portal system**
- ▶ **Annual reporting**



GP trainees apply directly to the Fund (all pathways).



Donors contribute to the independently administered Fund

In 2023, GPRA looked 'outside the box' to other sectors and spoke to philanthropic and financial sector experts to find a solution to this significant system barrier **to bring forward a different option.**

Our Fund concept outlined in this Submission draws on other endowment/member fund types which are administered and regulated under the Australian Charities and Not-for-Profits Commission (ACNC), and provide both public/Government and private donors with an opportunity to contribute to supporting GP registrars during their training to improve primary health access across Australia.

GPRA's proposed fund would have independent oversight, would be responsible for growing the pool of funds, and would not rely solely on the Government 'footing the entire cost', but rather encourage Government to play a key contributing role. Overtime, the Fund could review and increase the amount of financial support it offers..

While GPRA is requesting funding in this Submission to set up and establish an independent Fund over the first two years, **we would not be the administrator of the Fund nor derive any profits from the Fund going forward.**

Seeing the establishment of such a Fund would be our legacy to our members and the GP profession for the benefit of all communities.

How would the Fund operate?

The proposed Fund operates similarly to other industry endowment type Funds, where funds are donated to a Fund pool for eligible applicants to apply for and access (GPRA researched other Funds such as the Police Legacy/Hardship and Education Funds, as well as Funds managed by entities such as Perpetual to inform this Submission).

GPRA also asked the question: **Would anyone be interested in supporting doctors during their GP speciality training so communities can access vital primary healthcare, now and into the future?** GPRA spoke with a range of Fund Managers and philanthropic experts about if such a Fund would attract private and corporate donors and the answer was **yes**, because ultimately the Fund's outcome is supporting access to primary health care now and into the future.

GPRA is proposing the Fund would be independently administered with oversight of a Board/Committee (its administration supported by a small Fund team). The proposed new Fund's objectives will be to administer a pool of funds, with investment growth, which GP registrars across Australia could apply for:

- Paid Parental Leave
- Study and Exam Leave payments.

The role of the independent Fund would be to, but not limited to:

- Setting the eligibility criteria and management rules for the Fund so it adheres to relevant Australian charity and investment requirements, particularly to operate with Deductible Gift Recipients (DGR) status to attract a wide range of donor types
- Devising the investment management strategy, including raising private capital and donations to ensure the Funds becomes self sustaining (e.g. private ancillary funds, medical research foundations, trusts, medical insurers, banks, Australians investing in women, bequest strategy, and other private individuals)
- Implementing a donor engagement and retention strategy
- Implementing a marketing/promotion strategy, including targeting the medical workforce pipeline
- Administering secured application and decision portals, record keeping and EFT systems
- Overseeing all governance finance and administration/reporting requirements, and
- Overseeing annual reporting to donors and the public/sector as per relevant regulatory agency requirements.

The Fund administrators would be responsible for managing the Fund level and growth strategy so that the Fund always has enough funding to support the current and future estimate ranges for the support of GP registrars. **(see pages 13-18)**

GPRA's Fund concept transcends Medicare and State boundaries, and will afford registrars a streamlined administrative process to apply for parental, study and exam financial support – regardless of their location of training and pathway.

The proposed Fund model is consistent with the Australian Chamber of Commerce and Industry and small business advocates recent calls in a Senate Committee to end costly administration arrangements for operators for their employees - cut out 'middle men' and instead make payments such as parental leave directly to employees.

While GP registrars would always need to adhere to leave approval processes with their employer/GP Practice, the proposed Fund does not put any additional administrative burden or cost onto GP practices/employers to then administer and pay the leave. Nor will the Fund rely solely on one donor – e.g. the Federal Government.

Funding Request – the GP Training Leave Support Fund

To attract donors to the Fund from its inaugural start, GPRA is requesting the Government **commit to funding its establishment as well as establish annual contributions for the following 10 years to 2036**. This would give enough runway for a new Fund to invest and grow its funds, as well as devise and implement its promotion and investment strategy.

Pages 14 to 16 details the actuary research we have based our costings for the Fund on for the purposes of this Funding Submission and funding requests detailed in Table 5. A full copy of the actuary research is available to policy makers if required.

Key findings – actuary research

To support our proposed independent Fund concept, **in late 2023 GPRA commissioned independent actuary research to help answer critical questions such as:**

- How much would an independent national fund need to start and grow so GP registrars, now and into the future?
- Who would be able to access some parental leave and study/exam leave during their GP training period?
- Is it possible to establish **estimated ranges** for the number of GP registrars annually, who may need to access parental leave from the GP registrar cohort?
- What would it cost to provide some study and exam leave support throughout GP Training?

The purpose of this research was to inform Government decision makers about the estimated range of **investment required to establish a Fund to support GP registrars during their training period – based on data, probability and estimate ranges**.

The research highlights that overall the funds required for such a fund are not exorbitant.

To help answer the critical questions, actuaries reviewed publicly-available GP sector demographic, population figures, GP training numbers (including gender profile), length of training pathways, and base rate salary rates to develop estimate ranges for the establishment of a national fund.

GPRA commissioned the first round 'maths', so this Funding Submission has a sound evidence base to advocate for our members from.

The following provides a summary of the key findings of our commissioned research:

Parental leave

Our research looked at estimating the number of trainee GPs by age and gender, the probability of pregnancy occurring in a year for those trainee GPs, and estimated partners who may wish to take some paternity leave to support a new baby arriving on an annual basis. The research reviewed:

- number of active trainees per year enrolled across GP training programs – i.e. AGPT, Fellowship Support Program (FSP), Practice Experience Program (PEP), and Remote Vocational Training Scheme (RVTS)
- number of active GPs in training (AIHW, ABS, Welfare National Parental Data). This figure estimated approximately 5,445 GPs in training across Australia annually, but in the future could be further refined by GP College training data
- private health insurance data to identify number of pregnancy claims from this cohort
- identified gender mix of GPs in training programs, which applied an estimate of 51 per cent of GPs in training being female
- age mix for GPs in training to determine likely estimate range for pregnancy
- current base rates for GP registrars under the NTCER, and
- base rates under one jurisdictional State Based Award (Queensland) to allow for estimated ranges to be devised for future fund monetary growth”projections.

By doing this, GPRA has made a start on answering the question: **‘How many babies are likely to be born during GP training and what will it cost?’**

GPRA would be keen to continue to draw on other relevant data sets that other key sector stakeholders may have (re Private Health Insurers/GP Colleges) to help refine the estimate ranges. We are open to working with policy makers to do so.

The following (**Table 3.2, Table 3.3 and Table 4.1**) are taken from the actuary report and outline gender profile and age range breakdowns for GP registrars, as well as application of estimated ranges and base rate costs (current under NTCER but also using a state hospital award rate to ensure our estimate range factored in growth in base rates over the next decade).

This is critical for any future financial growth strategy in regards to how much the Fund needs today and into the future.

Our research presents a range of estimates of the probability of a pregnancy occurring across the GP training cohort, and also assumes that not all partners of someone having a baby will take leave. The estimates are shown in the table below. (**Table 4.1**)

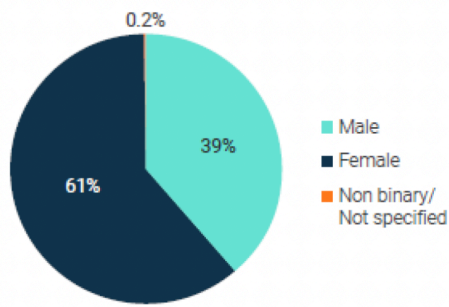
Table 3.2 – Active trainees and trainee positions per year

	Total	AGPT	ACRRM	PEP/FSP	RVTS - remote	RVTS - AMS
Total active trainees	5,445	3,828	425	1,087	70	35
Trainee positions per year	1,532	1,350	150	-	22	10

The number of GP trainees at 2022 was estimated to be 5,445.

Table 3.3 – AGPT program gender mix

FIGURE 56
Proportion of doctors by gender in the AGPT Program



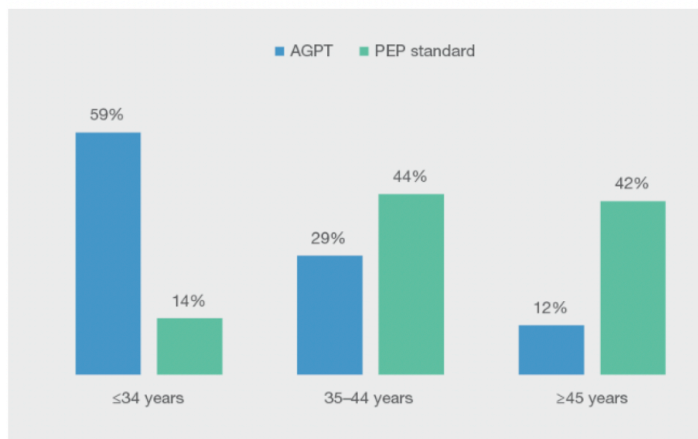
Source: *General Practice Health of the Nation 2023 Figure 56*

The selected assumptions for gender mix were assumed to be as per the AGPT program for all training programs.

Age

Because the likelihood of becoming pregnant varies by age, we need to estimate the number of trainees by age band. The data used is shown below.

Figure 3.2 – Health of a Nation 2023 Trainee and New Fellow demographics



Source: *General Practice Health of the Nation 2023 report*

Table 4.1 – Results – paid parental leave

Benefit - NTCER pay	Low - 4%	Medium - 7%	High - 10%
	\$m	\$m	\$m
A: Eligibility: any trainee having a baby after the first 12 months of training. Benefit: 8 weeks at 100% salary.	1.49	2.61	3.74
B: Eligibility: any trainee/partner having a baby. Benefit: 8 weeks @ 75% of salary/2 weeks @ 75% of salary	1.23	2.16	3.08

Benefit - MOCA6 pay	Low - 4%	Medium - 7%	High - 10%
	\$m	\$m	\$m
A: Eligibility: any trainee having a baby after the first 12 months of training. Benefit: 8 weeks at 100% salary.	2.09	3.66	5.23
B: Eligibility: any trainee having a baby, or being the partner of someone having a baby. Benefit: 8 weeks @ 75% of salary	1.73	3.02	4.31

GPRA proposes the Fund could offer two different types of parental leave benefits:

1. **Benefit arrangements A:** GP trainee could apply for up to eight weeks paid leave at 100 percent of base rate salary after the first 12 months of training
2. **Benefit arrangements B:** GP trainee could apply for eight weeks paid leave at 75 percent of base salary after the first 12 months of training, or GP trainee whose partner has had a baby could access up to two weeks paid leave at 75 percent of base salary after the first 12 months of training.

We estimate the cost of **Benefit Arrangements A** providing eight weeks paid leave at 100 percent of GP trainee salary (based on current NTCER base rates) ranges between **\$1.5m and \$3.74m per year**.

This estimate assumes 4-10 percent of GP trainees have a baby per year. If the nominated State Award base rate is applied (to build in future growth increases), this increases to **\$2.6m–\$5.23m per annum**.

OR

We estimate the cost of **Benefit Arrangements B** providing eight weeks leave at 75 percent of GP trained salary – with a GP trainee as partner to apply for up to two weeks leave at 75 per cent (based on current NTCER base rates) ranges between **\$1.23m and \$3.1m per year**. This estimate assumes 4-10 percent of GP trainees have a baby per year. If the nominated State Award base rate is applied (to build in future growth base rate increases), this increases to **\$2.16m–\$4.31m per annum**.

Table 3 – Parental leave Estimate Range Summary

Parental Leave Type Annual	Base estimate	Highest estimate
8 weeks 100% NTCER	\$1.5 million	\$3.74 million
8 weeks 100% Future Base Rate Range/Growth	\$2.6 million	\$5.23 million
8 weeks 75% NTCER Plus 2 weeks NTCER for partner	\$1.23 million	\$3.1 million
8 weeks 75% Future Base Rate Range/Growth Plus 2 weeks Future Base Rate Range/Growth for partner	\$2.16 million	\$4.31 million

Study and Exam Leave payments

Study and exam leave estimates can assume all eligible trainees would like to access some paid study and exam leave (up to 15 days) if it were available over their training period to GP Fellowship.

The cost for this type of leave enhancement is estimated by multiplying the number of GP trainees by an estimated probability of using that enhancement.

This gives an estimate on the number of GP trainees benefitting from the enhancement, which is multiplied by the relevant base rate amount to give the estimated total cost.

An additional factor our research took into consideration was the estimated numbers per year who may need to sit exams. The estimated cost depends on the number sitting for exams annually and who wants to apply for this type of leave. For the purposes of this submission, numbers who sat the RACGP exam in 2022 (927) were used to help with estimate ranges.

Again, this estimate range in the future would be refined by the Fund informed by GP Colleges Exam data, but highlights there are data points that the Fund could independently source to estimate future Fund growth to support leave payments.

Proposed Study and Exam Leave Payments – The Fund

It is proposed that the Fund will offer up to 15 days (three weeks’ salary) to enable GP registrars to access Study and Exam Leave throughout their entire GP Speciality training.

While approval arrangements to apply for leave would remain in the domain of the practice/entity the GP registrar is employed at and the Colleges (for the purposes of their training program adherence), the Fund seeks to support GP registrars to access some base rate pay for up to 15 days for study/exam support which they do not currently get access to.

Assuming each GP registrar received up to three weeks leave paid at 100 percent base rate salary, the estimated annual cost would be **\$5.3m per annum at current NTCER rates, OR \$7.6m at the higher state jurisdictional award rate to help estimate upper range/future Fund growth required.**

While GP trainees can work either full time or part time, our estimates assume all trainees are at a full-time rate and are applying for the full three weeks of leave in one year – however it is likely a GP registrar would apply study/exam leave days across the entire training period.

Table 4 – Exam and Study Leave Fund Estimate Ranges

Exam and Study Leave (up to 15 days over the duration of training)	Base estimate	Highest estimate
15 days	\$5.3 million	\$7.6 million

Following outlines the estimated ranges for the **GP Training Leave Support Fund**.

To arrive at this funding request, GPRA has used the higher level estimate range across the parental, study and exam leave estimate tables.

Table 5 – Estimated ranges for the GP Training Leave Fund

Activity	Funding Timeframe	Funding Request 2024-2026
Establishment/Set up of the Fund (GPRA)	2024–2025	\$2 million plus GST (includes administration fee)
Inaugural Federal Government Fund Contributions to independent Fund (once Fund is registered)	2025–2026	\$15million plus GST (1st year/inaugural year)
Ongoing Federal Government Contributions to the independent Fund - next 9 years	2025–2036	\$3 million plus GST per year (\$27 million over 9 years)
FUND FUNDING REQUEST		2024–26 \$17 million plus GST
		2025–2036 \$27million plus GST
		FINAL TOTAL REQUEST for the Fund \$44 million plus GST

Benefits and risk management of the Fund

As an independent scheme, the **GP Training Leave Support Fund** will be administered under an independent entity. The Fund transcends jurisdictional boundaries and differences, sits outside political cycles as well it sets its own eligibility and payment structures (of course the Fund will always consult with the sector to do so) consistent with known employment contract conditions.

The proposed **GP Training Leave Support Fund** offers special fund payments to GP registrars who have been enrolled in a GP training program for at least six months and meet the eligibility criteria the Fund will devise in full once established.

The scheme's day to day administration would be streamlined for GP registrars during their period of training, with minimal impact on training practices (funding and administration), as the registrars will be able to directly apply to the Fund.

Drawing on other similar endowment type fund models as well as elements of public-private models, a suggested initial investment by Government (calculated by using data to predict GP leave entitlements) is \$17 million for the fund to establish itself (\$15 million for first year), with a commitment to contribute \$3 million per year to the fund over the following nine years.

The funding request for the Fund is **\$42 million over 10 years, with \$2 million** allocated for the establishment and set up of the Fund from 2024/25 to introduce a parental, study and exam leave scheme for GP registrars across Australia.

This investment would help kickstart a Fund that can, and will attract other philanthropic investors who want to contribute to improving access and equity across Australia's primary healthcare system and be part of **investing so future doctors can become GPs**. It is also a step towards realizing true public/private donor partnerships in our sector.

It is envisaged that in the first 10 years, the independent Fund entity will create a self-sustainable Fund through investment and interest earnings.

It will be the Fund's role to unlock untapped private donor and industry markets to support the growth of the Fund, so that Australia can establish and embed a national value proposition to future doctors to become a GP.

The proposed Fund sits above jurisdictional boundaries, Federal/State legislative differences, and election cycles, is scalable, and would be open to all GP registrars regardless of location (metro, rural or remote) as long as they meet the Fund eligibility criteria.

Importantly, the **Fund concept minimises its risk as it future growth does not require**:

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- X** **Reliance on Medicare:** GP Registrars **will not** have to bill certain levels under Medicare to pay for their own parental, study/exam leave while in training, leaving GP registrars to focus on their education and training rather than worrying about throughput to cover their leave costs.
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- X** **Additional administration from GP Practices/participating organisations:** GP practices (many already on the financial edge) will not have to pay any money for their GP registrars to be able to access the Fund nor absorb any additional administration costs, leaving practices to get on with delivering quality GP training.
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- X** **Jurisdictional arrangements:** The Fund transcends jurisdictional boundaries. The Fund will not require State Government administration or oversight, nor Federal Government administration or oversight. However, Governments will be welcome to contribute. The Fund will be administered under ACNC requirements.
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- X** **Bi-partisan political support:** The Fund is independent of political cycles AND sector agencies. No one GP sector partner profits from this Fund/initiative.
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- X** **All GP registrars participate:** While GP registrars can apply to the Fund if they want to, it's voluntary. The Fund's financial growth will be built casting a wider net into other untapped private and donor markets to ensure there are always funds available for eligible GP registrars when they need it, with access to funds not built on one individual's throughput and/or particular GP training pathway.
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- X** **Reliance on one funder and groupthink:** The Fund will attract a mixed skills leadership to ensure the Fund is forever forward looking and expertly managed to ensure financial growth, sound governance, and successful strategy underpin the Fund.
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All in our sector would be welcome to consider donating to this Fund in the future, and could, as per the current ACNC framework.

GP Registrars, regardless of their location, will have access to the fund, boosting confidence in access to leave entitlements when pre-vocational doctors are choosing their specialisation.

Conclusion

To attract more doctors to the GP speciality, change supported by investment needs to happen across the entire student to Fellow pipeline journey.

GPRA believes the initiatives in this Submission can and will increase the number of graduates choosing general practice as a speciality.

This in turn will assist the Government to confidently navigate the implications of this shortage, and reassure the community they are contributing to the sector to support strategies to improve access within the healthcare system.